

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Young
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Maybelle Jean Glaspie
No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other. _____
5. No., in order of birth. _____
6. Legitimate? Yes
7. Date of birth Mar 9, 1932
Month Day Year

8. FATHER
Full name Benton Thomas Glaspie
9. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state _____
10. Color or race White
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Redrock
(State or country) New Mex
13. Occupation Farmer
Nature of Industry _____

14. MOTHER
Full maiden name Ruth Senora Knowl
15. Residence (Usual place of abode) Young, Ariz.
If nonresident, give place and state _____
16. Color or race White
17. Age at last birthday 35 (Years)
18. Birthplace (city or place) Clondrogh
(State or country) New Mex
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother (a) Born alive and now living 10
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ a.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Mrs. Bea Spurlock
(Physician or midwife)
Address Young Ariz. Housewife

Given name added from a supplemental report _____
Month, day, year. _____
Filed Mar 11, 1932 Bea Young
Local Registrar.
County Registrar.

Registrar.

475-309-925